

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		1021	8/15
FORMALITY REVIEW	SL	1021	09/10/01
RESPONSE FORMALITY REVIEW	MTB	054	11/20/01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 " Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 " Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	6-9-01
2	✓	✓	6-9-01
3	✓	✓	6-9-01
4	✓	✓	6-9-01
5	✓	✓	6-9-01
6	✓	✓	6-9-01
7	✓	✓	6-9-01
8	✓	✓	6-9-01
9	✓	✓	6-9-01
10	✓	✓	6-9-01
11	✓	✓	6-9-01
12	✓	✓	6-9-01
13	✓	✓	6-9-01
14	✓	✓	6-9-01
15	✓	✓	6-9-01
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25	✓	✓	6-9-01
26	✓	✓	6-9-01
27	✓	✓	6-9-01
28	✓	✓	6-9-01
29	✓	✓	6-9-01
30	✓	✓	6-9-01
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45	✓	✓	6-9-01
46	✓	✓	6-9-01
47	✓	✓	6-9-01
48	✓	✓	6-9-01
49	✓	✓	6-9-01
50	✓	✓	6-9-01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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